REST AVAILABLE CODY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

0975/271

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL 01 AND			(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			3/			· ·		RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			∄ / minus 20=		•]/			X\$ 9=	99	OR	X\$18=		
INDEPENDENT CLAIMS			5 mi	nus 3 =	• 0	2		X40=	80	OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=		
• If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOTAL	534	OR	TOTAL			
CLAIMS AS AMENDED - PART II							CMALL	FNITITY	•	OTHER SMALL			
(Column 1)			(Column 2			(Column 3)		SMALL		OR I	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 33	Minus	.3	1	=2		X\$ 9=	1880	OR	X\$18=		
	Independent	• 7	Minus	··· &	3	= 2		X40=	8480	OR	X80=		
L	FIRST PHESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=		
TOTAL									,	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDII. FEEI		
AMENDMENT B	84. A.A.	CLAIMS		HIGH	EST	Coldmin Sy	1 1		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVI PAID	OUSLY	PRESENT EXTRA	1	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 6	Minus	3	3/_	= /		X\$ 9=		OR	X\$18=		
	Independent	• /	Minus	PENDENT	5 [CLAIM	=/		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NIATION OF MI	JUITLE DE	PENDEN	CLAIN	<i>r</i> .	•	+135=		OR	+270=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	1	
	Independent	•	Minus	•••		=	l	X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM		!			UR			
+135=									OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPAGE IN TOTAL ADDIT. FEE													
	The "Highest Num	ber Previously Pai	d For" (Total o	r Independ	ent) is the	highest numbe	ir fou	ind in the app	ropriate box	in col	umn 1.		